# WASHINGTON STATE DEPARTMENT OF HEALTH IMMUNIZATION MATERIALS REQUEST FORM



WEBSITE: http://www.doh.wa.gov/cfh/immunize/ MAIL TO: DEPT OF HEALTH DISTRIBUTION CENTER EMAIL ORDER TO: immunematerials@doh.wa.gov 7745-C ARAB DR SE PO BOX 47845 FAX ORDER TO: (360) 664-2929 **OCT 2005** Questions - PHONE: (360) 586-9046 OLYMPIA WA 98504-7845 **REQUESTING ORGANIZATION: \_** SHIPPING ADDRESS: (STREET) \_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ ORDER DATE: \_\_\_\_ CITY: \_ \_\_\_\_ PHONE: ( \_\_\_\_\_) \_\_\_ ATTENTION: \_ GENERAL FORMS & REPORTS REV. TITLE FORM # 348-001 LIFETIME IMMUNIZATION (SHOT) RECORD Plastic Sleeves for lifetime Immunization Shot Record 348-002 11/01 INSTRUCTION SHEET FOR USE OF VACCINE INFORMATION MATERIALS (VIS's) MONTHLY VACCINE ACCOUNTABILITY REPORT 348-006 4/01 CERTIFICATE OF IMMUNIZATION FORM (CIS) ENGLISH 348-013 ENG 2/04 CERTIFICATE OF IMMUNIZATION FORM (CIS) SPANISH 5/04 348-013 SPAN **RASH ILLNESS INVESTIGATION FORM** 348-019 8/86 PRIVATE PROVIDER REPORT OF VACCINE 348-025 2/04 12/04 IMMUNIZATION REMINDER/RECALL CARD ("3 X 5" CARDS) 348-057 348-058 4/04 **AUDIT SYSTEM FOLLOW-UP ("3 X 5" CARDS)** 348-077 11/03 **VACCINE STORAGE TEMPERATURE MONITORING LOG** 348-079 7/05 **VACCINE ADMINISTRATION RECORD MULTI-SIG LOGS (MSL)** VACCINE INFORMATION STATEMENTS (VIS) MSL (English Only) Only Available in these languages English Vietnamese Russian Spanish PUB 348-003 7/01 DTaP - DTP - DT PUB 348-016 PUB 348-004 1/00 POLIO - IPV/OPV PUB 348-020 PUB 348-005 01/03 PUB 348-021 MMR PUB 348-007 12/98 HbCV (HIB) PUB 348-055 PUB 348-024 7/01 **HEPATITIS B** PUB 348-037 PUB 348-038 6/94 Not Available Td PUB 348-041 8/04 **HEPATITIS A** PUB 348-048 PUB 348-042 **VARICELLA** PUB 348-047 12/98 7/97 PUB 348-056 PUB 348-011 **PNEU** PUB 348-036 7/05 FLU PUB 348-054 PUB 348-072 9/02 PCV7 Not Available Not Available PUB 348-094 4/05 **MENINGOCOCCAL** Not Available Not Available INFLUENZA MATERIALS REV. FORM # QTY PUB 348-093 PARENT FLU INSERT 4/05 English Spanish FLU PYRAMID (4-sided pyramid that set on desk or table) PUB 349-095 **UNNUMBERED GUIDES & OTHER MATERIALS** FORM # REV. TITI F QTY **CURRENT RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE Child Schedule** (8 1/2" X 11") 2005 **Adult Schedule** 2004/5 **CURRENT RECOMMENDED ADULT IMMUNIZATION SCHEDULE** (8 1/2" X 11") **VAERS-1** VACCINES ADVERSE EVENT REPORTING SYSTEM Do Not Unplug " DO NOT UNPLUG " STICKERS 3" x 3" **Warning Do Not** " WARNING DO NOT UNPLUG " STICKERS 3 1/2" x 8" **Red Stickers** RED STICKER - YOUR CHILD'S NEXT IMMUNIZATION IS DUE

IMMUNIZATION MATERIALS REQUEST FORM (This Form)

**ORDER FORM** 

10/05

#### **POSTERS**

FORM #	REV.	TITLE		QTY
SCHEDULE	2005	CURRENT RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDUL	E (11" X 17")	
PUB 348-012	2002	RECOMMENDATION FOR HANDLING & STORAGE OF BIOLOGICALS	6 (11" X 14")	
PUB 348-026	1/05	VACCINES REQUIRED FOR DAYCARE / PRESCHOOL	( 11" X 17" )	
PUB 348-027	4/05	VACCINES REQUIRED FOR SCHOOL ATTENDANCE	( 11" X 17" )	
PUB 348-064	2/99	ADULT IMMUNIZATION "YOUR BEST SHOT AT GOOD HEALTH"	( SIZE: 16" X 22" )	
PUB 348-074	11/01	IMMUNIZE AT ALL AGES LARGE POSTER	( SIZE: 16" X 20" )	
PUB 348-076	3/02	IMMUNIZE AT ALL AGES SMALL POSTER	( SIZE: 11" X 14" )	

### DTaP MATERIALS

FORM #	REV.	TITLE			QTY	
PUB 349-089	4/05	DTaP PARENT FACT SHEET - ENGLISH	English		Spanish	
PUB 348-090	4/05	DTaP POSTER 2-sided English one side/Sp	OTaP POSTER 2-sided English one side/Spanish the other side (SIZE: 11" X 17")			
Please indicate how many tear off pads you would like for the DTaP poster. The total should be no more then the number of posters ordered.						
TEAR OFF PADS for DTaP Poster English Pads Spanish Pads						
PUB 348-091	PUB 348-091 4/05 DTaP PROVIDER TIPS SHEET					
PUB 348-092	4/04	DTaP PROVIDER FACTS SHEET				

## **PAMPHLETS**

FORM #	REV.	TITLE	QTY
PUB 348-029	4/04	INFECTIOUS DISEASE CONTROL GUIDE	
	Available Online at: http://www.doh.wa.gov/cfh/lmmunize/documents/IDGC4web.pdf		
		IMMUN. MANUAL - FOR SCHOOL, PRESCHOOLS AND CHILDCARE FACILITIES	
PUB 348-043	3/02	MAX LIMIT 1 - If you need more then 1 School Manual, please download a copy at	
		Available Online at: http://www.doh.wa.gov/cfh/lmmunize/documents/schmanul.pdf	
PUB 348-051	04/05	VACCINES REQUIRED FOR SCHOOL ATTENDANCE (8-1/2 X 11 HANDOUT)	
PUB 348-051 SP	04/05	VACCINES REQUIRED FOR SCHOOL ATTENDANCE - Spanish (8-1/2 X 11) HANDOUT	
PUB 348-053	01/05	VACCINES REQUIRED FOR DAYCARE / PRESCHOOL (8-1/2 X 11 HANDOUT)	
PUB 348-063	2/99	ADULT IMMUNIZATION "YOUR BEST SHOT AT GOOD HEALTH" (Brochure)	
PUB 348-068	5/03	ADULT IMMUNIZATION "YOUR BEST SHOT AT GOOD HEALTH" (Brochure Insert)	
PUB 348-073	11/00	" IMMUNIZE AT ALL AGES " PAYCHECK/BAG STUFFER	
PUB 348-075	9/01	" IMMUNIZE AT ALL AGES " BROCHURE	
PUB 348-080	2002	" PLAIN TALK ABOUT CHILDHOOD IMMUNIZATIONS " (ENGLISH)	
PUB 348-080 SP	2002	" PLAIN TALK ABOUT CHILDHOOD IMMUNIZATIONS " (SPANISH)	
PUB 348-088	2005	" IS YOUR CHILD PROTECTED " FACT SHEET (ENGLISH)	
PUB 348-088 SP	2004	" IS YOUR CHILD PROTECTED " FACT SHEET (SPANISH)	

## HEPATITIS MATERIALS

#### Hepatitis B - How to Protect Your Baby (DOH 348-009) (12/95)

Amharic	Hmong	Romanian		Гаgalog
Cambodian	Japanese	Russian		Thai
Chinese	Korean	Samoan	1	Tigrigna
English	Laotian	Serbo-Croatian	UI	rainian
Farsi	Oromo	Somalian	Viet	namese
Hindi	Laotian	Spanish		

#### What Asians and Pacific Islanders Need To Know About Hepatitis B (DOH 348-046) (7/98)

English	Cambodian	Chinese	Korean	
Laotian	Samoan	Tagalog	Vietnamese	

## Other Hepatitis Publications

DOH 347-078	04/01	HEPATITIS A MONOGRAPH - A GUIDE FOR WASHINGTON STATE HEALTH CARE PROVIDERS		
DOH 348-030	01/03	PERINATAL HEP B CASE REPORT FORM: MOTHER/INFANT		
DOH 348-030A	08/03	PERINATAL HEP B CASE REPORT FORM: MOTHER/INFANT	(King Co. version)	
DOH 348-035	04/03	PERINATAL HEP B CASE REPORT FORM: HOUSEHOLD CONTACTS		
DOH 348-035A	08/03	PERINATAL HEP B CASE REPORT FORM: HOUSEHOLD CONTACTS	(King Co. version)	
DOH 348-081	04/03	HEPATITIS B ALERT STICKER		
DOH 348-082	04/03	HEPATITIS B VACCINE SCHEDULE SICKERS FOR PEDIATRIC CARE PROVIDERS		
DOH 348-084	04/03	HEPATITIS B REPORTING STICKER FOR PRENATAL CARE PROVIDERS		

